

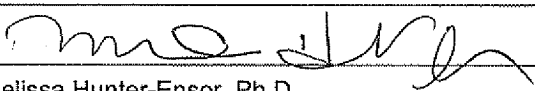
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

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|--|----|------------------------|------------------------|
| <h1>TRANSMITTAL FORM</h1> <p><i>(to be used for all correspondence after initial filing)</i></p> | | Application Number | 10/696,391-Conf. #6371 |
| | | Filing Date | October 28, 2003 |
| | | First Named Inventor | Jeffrey M. Isner |
| | | Art Unit | 1633 |
| | | Examiner Name | Q. Nguyen |
| Total Number of Pages in This Submission | 16 | Attorney Docket Number | 47624CIP(71417) |

ENCLOSURES (Check all that apply)

| | | |
|--|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): |
| <div style="border: 1px solid black; padding: 5px; min-height: 40px;">Remarks</div> | | |

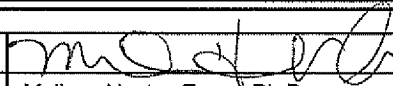
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | | |
|--------------|---|----------|--------|
| Firm Name | EDWARDS ANGELL PALMER & DODGE LLP | | |
| Signature |  | | |
| Printed name | Melissa Hunter-Ensor, Ph.D. | | |
| Date | September 25, 2008 | Reg. No. | 55,289 |

| | | | | | | | | | | | | | | | |
|---|------------------------|--|--|--------------------|------------------------|-------------|------------------|----------------------|------------------|---------------|-----------|----------|------|---------------------|-----------------|
| <p><i>Effective on 12/08/2004.</i> <i>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</i></p> <h2 style="text-align: center;">FEE TRANSMITTAL</h2> <h3 style="text-align: center;">For FY 2008</h3> | | <p>Complete if Known</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Application Number</td> <td>10/696,391-Conf. #6371</td> </tr> <tr> <td>Filing Date</td> <td>October 28, 2003</td> </tr> <tr> <td>First Named Inventor</td> <td>Jeffrey M. Isner</td> </tr> <tr> <td>Examiner Name</td> <td>Q. Nguyen</td> </tr> <tr> <td>Art Unit</td> <td>1633</td> </tr> <tr> <td>Attorney Docket No.</td> <td>47624CIP(71417)</td> </tr> </table> | | Application Number | 10/696,391-Conf. #6371 | Filing Date | October 28, 2003 | First Named Inventor | Jeffrey M. Isner | Examiner Name | Q. Nguyen | Art Unit | 1633 | Attorney Docket No. | 47624CIP(71417) |
| Application Number | 10/696,391-Conf. #6371 | | | | | | | | | | | | | | |
| Filing Date | October 28, 2003 | | | | | | | | | | | | | | |
| First Named Inventor | Jeffrey M. Isner | | | | | | | | | | | | | | |
| Examiner Name | Q. Nguyen | | | | | | | | | | | | | | |
| Art Unit | 1633 | | | | | | | | | | | | | | |
| Attorney Docket No. | 47624CIP(71417) | | | | | | | | | | | | | | |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | | | | | | | | | | | | | | |
| TOTAL AMOUNT OF PAYMENT (\$) 1,050.00 | | | | | | | | | | | | | | | |

| | |
|--|--|
| METHOD OF PAYMENT (check all that apply) | |
| <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____ | |
| <input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>04-1105</u> Deposit Account Name: <u>Edwards Angell Palmer & Dodge LLP</u> | |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) | |
| <input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee | |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments | |

| | | | | | | | |
|---|---------------------|---|----------------------|----------------------------------|-------------------------|---------------------|-----------------------|
| FEE CALCULATION | | | | | | | |
| 1. BASIC FILING, SEARCH, AND EXAMINATION FEES | | | | | | | |
| | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | |
| | | <u>Small Entity</u> | | <u>Small Entity</u> | | <u>Small Entity</u> | |
| <u>Application Type</u> | <u>Fee (\$)</u> | <u>Fee (\$)</u> | <u>Fee (\$)</u> | <u>Fee (\$)</u> | <u>Fee (\$)</u> | <u>Fee (\$)</u> | <u>Fees Paid (\$)</u> |
| Utility | 310 | 155 | 510 | 255 | 210 | 105 | _____ |
| Design | 210 | 105 | 100 | 50 | 130 | 65 | _____ |
| Plant | 210 | 105 | 310 | 155 | 160 | 80 | _____ |
| Reissue | 310 | 155 | 510 | 255 | 620 | 310 | _____ |
| Provisional | 210 | 105 | 0 | 0 | 0 | 0 | _____ |
| 2. EXCESS CLAIM FEES | | | | | | | |
| <u>Fee Description</u> | | | | | | <u>Small Entity</u> | |
| | | | | | | <u>Fee (\$)</u> | <u>Fee (\$)</u> |
| Each claim over 20 (including Reissues) | | | | | | 50 | 25 |
| Each independent claim over 3 (including Reissues) | | | | | | 210 | 105 |
| Multiple dependent claims | | | | | | 370 | 185 |
| <u>Total Claims</u> | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> | <u>Multiple Dependent Claims</u> | | | |
| _____ - 20 = _____ | x _____ | = _____ | | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> | | |
| HP = highest number of total claims paid for, if greater than 20. | | | | | | | |
| <u>Indep. Claims</u> | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> | | | | |
| _____ - 3 = _____ | x _____ | = _____ | | | | | |
| HP = highest number of independent claims paid for, if greater than 3. | | | | | | | |
| 3. APPLICATION SIZE FEE | | | | | | | |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). | | | | | | | |
| <u>Total Sheets</u> | <u>Extra Sheets</u> | <u>Number of each additional 50 or fraction thereof</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> | | | |
| _____ - 100 = _____ | /50 = _____ | (round up to a whole number) x _____ | = _____ | | | | |
| 4. OTHER FEE(S) | | | | | | | |
| Non-English Specification, \$130 fee (no small entity discount) | | | | <u>Fees Paid (\$)</u> | | | |
| Other (e.g., late filing surcharge): <u>1253 Extension for response within third month</u> | | | | <u>1,050.00</u> | | | |

| | | | |
|---------------------|---|-----------------------------------|--------------------|
| SUBMITTED BY | | | |
| Signature |  | Registration No. (Attorney/Agent) | 55,289 |
| Name (Print/Type) | Melissa Hunter-Ensor, Ph.D. | Telephone | (617) 517-5580 |
| | | Date | September 25, 2008 |